PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

6664172

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OR			OTHER THAN R SMALL ENTITY	
TOTAL CLAIMS			18				l	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			\ 8 minus 20=		* 6			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			(minus 3 =		*			X42=		OR	X84=	84
MU	LTIPLE DEPEN	DENT CLAIM PI	ESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, ente					r "0" in c	olumn 2		TOTAL		OR	TOTAL	826
CLAIMS AS AMENDED - PART II						(O - l		SMALL E	NTITY	OR	OTHER SMALL	
	(Column 1)		(Colun) (Column 3)		OMALL I) i	OMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	T CL AINA	<u> </u>		X42=		OR	X84=	
L	·	NTATION OF MI	JETIPLE DEF	PENDEN	CLAIM	<u></u>	J	+140=		OR	+280=	
										OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. FEE			ADDII. 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=] [X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	<u> </u>	<u> </u>	┨╏	X42=		OR	X84=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		┙╽	+140=		OR	+280=	
	TO* ADDIT. F									OR	TOTAL ADDIT. FEE	
	•	(Column 1)		(Colu	mn 2)	(Column 3)					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENDMENT C	44.1	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	J.1 TT.	=		X\$ 9=		OR	X\$18=	. :
	Independent	*	Minus ***			=	┧╏	X42=		OR	X84=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEEOR ADDIT. FEE												
		nber Previously Pa					er fou	ind in the app	ropriate box	k in co	lumn 1.	